

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Continued)

g. Nurse Anesthetist services.

☒ Provided:      ☐ No limitations      ☒ With limitations  
☐ Not Provided

TN No. 92-11  
Supersedes  
TN No. 91-14

JUN 05 1992

Approval Date \_\_\_\_\_

Effective Date 11/01/91

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## STATE OF MARYLAND

## Program

## Limitations

1. All Service Areas Contained  
in Attachment 3.1A

## Billing Time Limitations

A. The Department may not reimburse the claims received by the Program for payment more than 9 months after the date of service.

B. Medicare Claims. For any claim initially submitted to Medicare and for which services have been:

(1) Approved, requests for reimbursement shall be submitted and received by the Program within 9 months of the date of service or 120 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later; and

(2) Denied, requests for reimbursement shall be submitted and received by the Program within 9 months of the date of service or 120 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later.

C. A claim for services provided on different dates and submitted on a single form shall be paid only if it is received by the Program within 9 months of the earliest date of service.

D. A claim which is rejected for payment due to improper completion or incomplete information shall be paid only if it is properly completed, resubmitted, and received by the Program within the original 9 months period, or within 60 days of rejection, whichever is later.

E. Claims submitted after the time limitations because of a retroactive eligibility determination shall be considered for payment if received by the Program within 9 months of the date on which eligibility was determined.

TN No. 93-27  
Supersedes  
TN No. \_\_\_\_\_

Approval Date JUN 29 1993

Effective Date JUN 01 1993

**STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**STATE OF MARYLAND**

**ENHANCED SERVICES FOR PREGNANT AND POSTPARTUM  
RECIPIENTS**

Enhanced  
services for  
pregnant and  
postpartum  
recipients

Under the authority of section 1902(a)(10)(E), making available enriched services relating to pregnancy (including prenatal, pregnant and delivery, or postpartum services) or to any other condition which may complicate pregnancy. The services are available to a pregnant recipient or postpartum recipient who is certified for and is receiving Medical Assistance benefits, enters the Healthy Start Program during a medically verified pregnancy or up to 60 days after the delivery, may continue in the program receiving postpartum-family planning services up to 60 days after the delivery, and elects to receive Healthy Start services.

TN No. 92-8  
Supersedes  
TN No. 90-5

Approval Date DEC 16 1991

Effective Date OCT 01 1991

**PROGRAM      ENHANCED SERVICES FOR PREGNANT AND POSTPARTUM RECIPIENTS**

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Enhanced services  
for pregnant and  
postpartum  
recipients (cont.)

**Definition of Services:**

Healthy Start Program means a program designed to identify and address medical, nutritional, and psychosocial predictors of poor birth outcomes and poor child health by providing enhanced prenatal and postpartum services for pregnant and postpartum female recipients and enhanced follow-up services to identify high-risk infant and child recipients.

1. Risk Assessment - Plan of Care means a package of services provided to a pregnant participant by or under the supervision of a physician or nurse-midwife in conjunction with the clinical services provided by the physician or nurse-midwife. One unit of service is to be reimbursed for each pregnancy. The services include:
  - a. A Risk Assessment is a comprehensive appraisal of the participant's medical history and current health, nutritional, psychological, and social status, as specified in the Healthy Start Risk Assessment Instrument.
  - b. A Plan of Care is a description of the services and resources required to meet the participant's needs identified through the risk assessment.
2. Enriched Maternity Service means direct counseling, educational, case coordination, and referral services provided to all pregnant or postpartum recipients by or under the supervision of a physician or certified nurse-midwife in conjunction with the clinical services provided by the physician or nurse-midwife during each prenatal or postpartum visit.

The following components comprise Enriched Maternity Service:

- a. Prenatal and postpartum counseling and health education for all pregnant and postpartum participants.
  - b. Nutrition education for all pregnant and postpartum participants including the benefits of the Special Supplemental Food Program for Women, Infants and Children (WIC).
  - c. Case coordination and referral for all pregnant participants.
3. High-Risk Nutritional Intervention Services means one-on-one counseling and educational services provided to nutritionally high-risk pregnant participants by a qualified dietitian or nutritionist,

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TN No. 92-8  
Supersedes  
TN No. 90-5

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Enhanced services  
for pregnant and  
postpartum  
recipients (cont.)

who is enrolled as a dietitian or nutritionist provider or employed by the local health department.

- a) Making a nutritional assessment;
- b) Developing an individualized nutritional care plan;
- c) Determining appropriate interventions to achieve care plan goals; and
- d) Monitoring and recording the participant's progress toward goal achievement.

4. Enriched Home-Visiting Services means home-based assessment, planning, implementation, and evaluation of family-focused, comprehensive services as they relate to a pregnant or postpartum participant's health, delivered by registered nurses.

These services are available to all pregnant and postpartum participants. Based on the community health nurse's initial home-based assessment, additional prenatal Enriched Home-Visiting Services can be provided, or the client may be referred for Case Management Home-Visiting Services.

A home-visiting care plan will be developed based on risk factors and shall be communicated to the medical care provider.

Enriched Home-Visiting Service activities shall include, but not be limited to, the following:

- a. Assessment:
  - 1) Elicit data regarding past and present physical and mental health of the participant;
  - 2) Identify constructive family relationships as well as those which inhibit optimum health;
  - 3) Determine patterns of health behavior relating to the participant's drug and alcohol use and addiction;
  - 4) Identify topic areas, where further health knowledge is necessary;
  - 5) Identify environmental hazards;

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Enhanced services  
for pregnant and  
postpartum  
recipients (cont.)

- 6) Identify the need for referral to community resources;
  - 7) Identify risk factors particular to the participant's socio-demographic characteristics.
- b. Planning:
- 1) Develop a home-visiting care plan to meet identified health problems, collaborating with other health professionals as appropriate, and acknowledging the participant's interest and rights; and
  - 2) Establish priorities for care which acknowledge both the participant's and the provider's concerns.
- c. Implementation:
- 1) Teach the participant preventive health measures;
  - 2) Instruct the participant on health care information relevant to individual needs;
  - 3) Counsel the client about health behaviors and their effects on health status, especially regarding family planning;
  - 4) Seek consultation with Specialty Service providers;
  - 5) Refer to community resources, as necessary; and
  - 6) Maintain accurate and complete records of the participant's health status and the Home-Visiting services provided.
- d. Evaluation of the effectiveness of the home-visiting care plan and the Home-Visiting services.
5. Alcohol and Drug Abuse Treatment Services means outpatient counseling services to pregnant and postpartum women diagnosed as having an alcohol or drug use problem which poses a threat to the health and well-being of the participant and her baby. The services include:

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TN No. 92-8  
Supersedes  
TN No. 90-5

DEC 16 1991  
Approval Date \_\_\_\_\_

OCT 01 1991  
Effective Date \_\_\_\_\_

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Enhanced services  
for pregnant and  
postpartum  
recipients (cont.)

- a.    Individualized Counseling, which shall include:
  - 1)    An assessment to be completed on each participant upon referral or approval for participation by a medical care provider. The assessment appraises the participant's medical history and alcohol and drug abuse history, current alcohol and drug abuse patterns, and psychological and social factors, all of which will result in the development of an individualized treatment plan, including means to ensure that participants are receiving obstetrical care services,
  - 2)    One-to-one counseling sessions, and
  - 3)    Individualized psychotherapy.
- b.    Group Counseling, which shall include:
  - 1)    Group psychotherapy, and
  - 2)    Scheduled group discussions and structured time-limited group counseling sessions.

Services must be provided by qualified Medicaid providers.

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TN No. 92-8  
Supersedes  
TN No. 90-5

Approval Date DEC 16 1991

Effective Date OCT 01 1991

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

PROGRAM	LIMITATIONS
1. Inpatient services other than those provided in an institution for mental diseases.	<p>Reimbursement is not authorized for the following procedures and services.</p> <ol style="list-style-type: none"><li>1. Services determined by the Utilization Control Agency to be neither medically nor administratively necessary, in accordance with COMAR 10.09.06.</li><li>2. Repealed - effective 8/12/85.</li><li>3. (Reserved)</li><li>4. Inpatient admissions or continuation of stay solely for weight loss or needed rest.</li><li>5. Inpatient admissions or continuation of stay in an acute general hospital bed solely for occupational therapy, physical therapy, or speech pathology, except for appropriate inpatient admissions to general hospitals in states bordering Maryland for occupational therapy, physical therapy, or speech pathology when these services are provided in an unit that is accredited by the Commission on Accreditation of Rehabilitation Facilities to provide rehabilitation services.</li><li>6. Inpatient admissions or continuation of stay primarily for administration of investigational drugs, or services which are investigational or experimental.</li><li>7. Hospital services or procedures which are investigational or experimental.</li><li>8. Hospital services denied by Medicare as not medically justified.</li></ol>

TN No. 96-11 Approval Date AUG 29 1996  
Supersedes  
TN No. 91-16 Effective Date JUN 11 1996



STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

PROGRAM	LIMITATIONS
(Continued)	
1. Inpatient services other than those provided in an institution for mental diseases.	9. Inpatient admissions solely for the administration of injections, unless medical necessity and the patient's inability to take appropriate oral medications are documented in the patient's medical record.
	10. Interpretation of laboratory tests and panels.
	11. Autopsies.
	12. Central nervous system stimulants and anorectic agents when used for weight control.

TN No. 96-11 Approval Date AUG 29 1996  
Supersedes 91-16 Effective Date JUN 11 1996  
TN No. \_\_\_\_\_

STATE PLAN FOR MEDICAL ASSISTANCE  
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STATE OF MARYLAND

PROGRAM	LIMITATIONS
Continued:	
1. Inpatient services other than those provided in an institution for mental diseases or tuberculosis.	13. Immunizations required for travel outside the continental United States.
	14. Psychiatric care for patients under 65 years of age in psychiatric facilities licensed by the Department as Special Hospital - Mental, or Special Hospital - Psychiatric.
	15. <del>Repealed.</del> Effective 7/1/86
	16. Hearing therapy unless as the result of an EPSDT screening.
	17. Audiometric tests for the purpose of prescribing hearing aids unless as the result of an EPSDT screening.
	18. Psychological evaluations and treatments except when ordered by a physician, and the medical necessity is documented in the patient's medical record.
	19. Implantation of nuclear powered pacemakers.
	20. Leaves of absence beyond the period of the census check of the same day.
	21. Dental procedures excluded by the Dental Program, COMAR 10.09.05, and by the Early and Periodic Screening, Diagnosis and Treatment Program, COMAR 10.09.23.
	22. Podiatry services excluded by the Podiatry Program, COMAR 10.09.15.
	23. Vision care services excluded by the Vision Care Program, COMAR 10.09.14, and by the Early and Periodic Screening, Diagnosis and Treatment Program, COMAR 10.09.23.

Superseded TM

TN 87-9

Approval date 2/1/86  
Effective date 2/1/86